

Mail your completed application packet with \$65 to:
HHSC ARTS LCDC
MC 1470,
PO Box 149055 Austin, TX 78714-9055
(512) 834-6605 FAX (512) 834-6677

**IN THIS SPACE SECURELY
ATTACH PHOTO TAKEN
WITHIN THE PAST YEAR**

□ Initial Registration

❑ Subsequent Registration

(refer to 25 Texas Administrative Code §140.413)

Section I Personal Information

Social Security Number

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Last Name

First Name

Middle Initial

Mailing Address

City

State

ZIP Code

County

()

☎ Home Phone

Female ☐ Male ☐

Female

Male



Gender

()

Work Phone

--

Date of Birth

Are You Bilingual? ☐ Yes ☐ No

If Yes please specify:_____

Section II Education Information

☐ High School Graduate

GED

☐ College

Name of College _____

Degree _____ (Associates, Bachelors, etc.)

Major _____ **Minor** _____

Ethnic Origin: ☒ African American



African American

☐ Asian

- ☐ Asian
- ☐ Native American

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Caucasian

☐ Caucasian

☐ Other

Section III**Criminal History**

In accordance with 25 Texas Administrative Code, Chapter 140, Subchapter I, every applicant is required to submit fingerprints for the purpose of obtaining a criminal history check from both the Department of Public Safety (DPS) and the Federal Bureau of Investigations (FBI). This is accomplished through the Fingerprint Applicant Services of Texas (FAST) process. Upon receipt of your application and fee you will be sent a "FAST Fingerprint Pass" form for you to use to submit your fingerprints. Please follow the instructions on the pass carefully.

Section IV**Statement of Understanding – please initial each item and sign**

_____ I hereby authorize any organization(s), entities or person(s) named in this application to release to the Texas Health and Human Services Commission (HHSC) any information they may have regarding me.

_____ I understand that, to become an LCDC, I am required to obtain an associate's or more advanced degree, as specified in the licensure rules.

_____ I understand that, to become an LCDC, I am required to successfully complete the examination, as specified in the licensure rules.

_____ I understand that, to become an LCDC, I am required to complete the supervised work experience, unless it was waived due to possessing a degree as specified in the licensure rules.

_____ I understand that all information provided on this application is true and correct to the best of my knowledge, and that intentionally false or misleading statements on this application may result in my being declared ineligible for licensure.

_____ I understand that data from my application may be used for statistical purposes.

_____ I understand that the licensure documentation will become the property of DSHS.

_____ I understand that all application and licensure fees are non-refundable.

_____ I agree to abide by the ethical standards contained in the LCDC licensure rules.

By signing this application I have read the licensure rules at Title 25, Texas Administrative Code, Chapter 140, Subchapter I, and I accept responsibility for remaining knowledgeable of all licensure laws and rules, including revisions.

Applicant's Signature

Date

Licensed Chemical Dependency Counselor Intern Registration Application Check List

- ☐ Completed application, signed and dated with a recent full face wallet sized photo.
- ☐ Application and Background Investigation fee of \$65.00 (cashier's check or money order); Payable to DSHS. **Applications will not be processed without the total fee of \$65.00**
- ☐ An official college transcript (**no photocopies**) documenting the 270 education hours and the 300-hour practicum **with** a letter from the school's department chair/coordinator stating the practicum was completed in the field of chemical dependency; **OR** an official college transcript showing an approved degree, which will waive the education and practicum requirements.

Instructions for Subsequent Registration (refer to 25 TAC §140.413)

- ☐ Completed application, signed and dated with a recent full face wallet sized photo.
- ☐ Application fee and Background Investigation fee of \$65.00 (cashier's check or money order); Payable to DSHS. **Applications will not be processed without the total fee of \$65.00**
- ☐ Official college transcript containing 12 semester hours (or 18 quarter hours) of coursework at a career school or college or an accredited institution of higher education. The coursework must be related to chemical dependency counseling, psychology, sociology, counseling, mental health, behavioral science, psychiatric nursing, ethics, or rehabilitation counseling. Other courses may be considered on a case by case bases by submitting the course description or syllabus.

If you failed your 4th exam more than three years ago, you may be ask to provide proof of 270 education hours, 300 hour practicum, 4000 hours supervised work experience and two letters of recommendation.

Examination Information

Test Administrator - Texas Certification Board of Addiction Professionals (TCBAP)
(512) 708-0629 or <http://www.tcbap.org>

Examination dates, locations, fees and deadlines, as well as study guides may be obtain by contacting the Texas Certification Board of Addiction Professionals (TCBAP)